

**POSITION DESCRIPTION, DPA-Form 30-State
Commonwealth of Massachusetts**

Position Title Code

07-R02

1. POSITION TITLE Administrative Assistant I		AGENCY Department of Public Health		
2. APP. OR AGY. CODE 4516-1000	POS. # 00010739	REQUISITION #	SALARY	DATE PREPARED
3. GENERAL STATEMENT OF DUTIES AND RESPONSIBILITIES Provide administrative support to the Drug Analysis laboratory and the Drug Evidence Office.				
4. SUPERVISION RECEIVED (name and title of persons from whom incumbent receives direction) Elisabeth O'Brien, Laboratory Supervisor I				
5. DIRECT REPORTING STAFF N/A		5B. THEIR STAFF N/A		
6. DETAILED STATEMENT OF DUTIES AND RESPONSIBILITIES The incumbent is responsible for providing administrative support to the Drug Evidence Office and the Drug Analysis Laboratory. Primary responsibilities include: maintains court database which contains information regarding summons received, discovery package dates, court dates, chemist schedules, continuances, and if available the disposition of cases; assists in the preparation of discovery packages for cases going to trial; files laboratory control cards and other related laboratory documentation; prepares reports on sample testing, backlog, turnaround time and chemist overtime; and orders office supplies and maintains inventory. Provides general office support, typing, data entry and telephone coverage.				
7. QUALIFICATIONS REQUIRED AT HIRE (List knowledges, skills, abilities) Knowledge of the principles and practices of office management. Knowledge of procedures governing the purchasing and requisitioning of supplies and equipment. Knowledge of the methods of general report writing, preparation of charts, graphs and tables. Knowledge of the types and use of general office equipment. Ability to understand, explain and apply the laws, rules, regulations, policies, procedures guidelines governing assigned unit activities. Ability to analyze and determine the applicability of data, to draw conclusions and to make appropriate recommendations. Ability to follow written and oral instructions. Ability to gather information by examining records and files or talking with individuals. Ability to write concisely in clear and logical format. Ability to prepare reports, maintain accurate records and prepare and use charts, graphs and tables. Ability to establish rapport and maintain harmonious working relationship with persons from varied ethnic, cultural and/or economic backgrounds. Ability to plan, assign and organize work to accomplish program goals. Ability to prioritize.				
8. QUALIFICATIONS ACQUIRED ON JOB (List knowledges, skills, abilities) Knowledge of the laws, rules, policies and procedures governing assigned unit activities.				
9. MINIMUM ENTRANCE REQUIREMENT: Applicants must have at least (A) two years of full-time or equivalent part-time, experience in office management, office administration business administration or business management, the major duties of which included one or more of the following functions: purchasing, personnel management, budgeting, accounting, records management, work simplification, grants management, contract administration or program management or (B) any equivalent combination of the required experience and the substitutions below. SUBSTITUTIONS: An Associate's or higher degree with a major in business administration, business management or public administration may be substituted for maximum of two years of the required experience.* An Associate's or higher degree with a major other than in business administration, business management or public administration may be substituted for a maximum of one year of the required experience.* *Education toward such a degree will be prorated on the basis of the proportion of the requirements actually completed. NOTE: Educational substitutions will only be permitted for a maximum of two years of the required experience.				
10. LICENSE AND/OR CERTIFICATION REQUIREMENTS None required				

Signature of Appointing Authority

Title

Agency

Prepared

Initials of Incumbent

Date _____

Initials of Supervisor

Date _____

Form ES-30
